



**APPLICATION FOR REVIEW OF A SUBDIVISION
USING INDIVIDUAL ON-SITE WASTE DISPOSAL SYSTEMS
ENVIRONMENTAL HEALTH**

800 W. Canal Drive
Kennewick, WA 99336
(509) 582-7761, ext. 246

3107 7th Street
Prosser, WA 99350
(509) 786-1633

FEE CODE: 5427 AND 5428 Account # _____ Guarantor # _____ Log # _____

ALL ITEMS IN THIS BOX MUST BE COMPLETED TO ACCEPT THIS APPLICATION. IF YOU NEED HELP CONTACT THIS OFFICE.

NAME OF APPLICANT: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____
CURRENT MAILING ADDRESS: _____ CITY _____ ZIP _____
PARCEL NUMBER: _____ Section _____ Township _____ Range _____
LEGAL DESCRIPTION OF PARCEL: _____
PHYSICAL ADDRESS: _____
NAME OF PROPOSED PLAT: _____

CONSULTANT: _____ PHONE _____

ADDRESS: _____

DIRECTIONS TO THE SITE: _____

TOTAL LAND AREA INVOLVED IN SUBDIVISION: _____

TOTAL OF NUMBER OF LOTS TO BE CREATED: _____

DISTANCE FROM PROPERTY BOUNDARY TO EXISTING PUBLIC SEWER LINE: _____

PROPOSED LAND USE: _____

PROPOSED WATER SUPPLY: _____

ATTACH A SCALED PLAN (two copies) FOR THE SUBDIVISION INCLUDING:

- A. Boundary lines (existing and proposed)
- B. Easements
- C. Road and road right of ways
- D. Drainage across the property including irrigation and natural drainage areas
- E. Existing homes, buildings, driveways, pools, etc.
- F. Existing wells on the property and within 150' of the property
- G. Existing sewage disposal systems
- H. Slope of the land; indicate slope with contour lines a five foot vertical intervals. Indicate all lots with a slope in excess of ten percent.
- I. Ponds, irrigation canals, and other surface water on and within 150' of the property
- J. Proposed structure and /or sewage systems
- K. Signature and date on the plan

I certify, by signature, that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for the purposes of application evaluation, water system inspections, or any subsequent inspections.

Signature: _____ Date _____